

Application Data Sheet**Application Information**

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: YES
Computer Readable Form (CRF)?:: YES
Number of copies of CRF:: 1
Title:: DIAGNOSTICS AND THERAPEUTICS FOR
DISEASES ASSOCIATED WITH KALLIKREIN 3
(KLK3)
Attorney Docket Number:: 004974.01215
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure:: 0
Total Drawing Sheets:: 2
Small Entity?::
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefan
Middle Name::
Family Name:: GOLZ
Name Suffix::
City of Residence:: Essen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Buckmannsmuhle 46
City of mailing address:: Essen
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Ulf
Middle Name::
Family Name:: BRÜGGEMEIER
Name Suffix::
City of Residence:: Leichlingen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Leysiefen 20
City of mailing address:: Leichlingen

State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Middle Name::
Family Name:: GEERTS
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schuckertstr 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Holger
Middle Name::
Family Name:: SUMMER
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::

Country of Residence:: DE
 Street of mailing address:: Katernberger Schulweg 3
 City of mailing address:: Wuppertal
 State or Province of mailing address::
 Country of mailing address:: DE
 Postal or Zip Code of mailing address:: 42113

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2005/001134	4 February 2005

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	04003740.0	19 February 2004	YES

Assignee Information

Assignee name:: BAYER HEALTHCARE AG
Street of mailing address::
City of mailing address:: Leverkusen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: D-51368